



Animal Bite

County _____

LHJ Use ID _____
☐ Reported to DOH Date ____/____/____
LHJ Classification ☐ Confirmed
☐ Probable
By: ☐ Lab ☐ Clinical
☐ Other: _____
Outbreak # (LHJ) _____ (DOH) _____

DOH Use ID _____
Date Received ____/____/____
DOH Classification
☐ Confirmed
☐ Probable
☐ No count; reason: _____

REPORT SOURCE

Initial report date ____/____/____
Reporter (check all that apply)
☐ Lab ☐ Hospital ☐ HCP
☐ Public health agency ☐ Other
OK to talk to case? ☐ Yes ☐ No ☐ Don't know
Reporter name _____
Reporter phone _____
Primary HCP name _____
Primary HCP phone _____

PATIENT INFORMATION

Name (last, first) _____
Address _____ ☐ Homeless
City/State/Zip _____
Phone(s)/Email _____
Alt. contact ☐ Parent/guardian ☐ Spouse ☐ Other Phone: _____
Occupation/grade _____
Employer/worksite _____ School/child care name _____
Birth date ____/____/____ Age _____
Gender ☐ F ☐ M ☐ Other ☐ Unk
Ethnicity ☐ Hispanic or Latino
☐ Not Hispanic or Latino
Race (check all that apply)
☐ Amer Ind/AK Native ☐ Asian
☐ Native HI/other PI ☐ Black/Afr Amer
☐ White ☐ Other

CLINICAL INFORMATION

Predisposing Conditions and Vaccine History

Y N DK NA

- ☐ ☐ ☐ Rabies vaccine completed in past (at least 3 doses)
Date of last rabies vaccine: ____/____/____
Total # rabies doses: _____
☐ ☐ ☐ Tetanus vaccine in the last 5 years
Date of last tetanus dose: ____/____/____

Laboratory

Collection date ____/____/____

Y N DK NA

- ☐ ☐ ☐ Animal submitted for rabies testing
Date animal submitted for testing ____/____/____:
Results if tested:
☐ Positive ☐ Negative ☐ Indeterminate
☐ Not testable ☐ Unknown

Lab submitted to: _____

Hospitalization

Y N DK NA

- ☐ ☐ ☐ Hospitalized for this illness

Hospital name _____

Admit date ____/____/____ Discharge date ____/____/____

Y N DK NA

- ☐ ☐ ☐ Died from illness Death date ____/____/____
☐ ☐ ☐ Autopsy

NOTES

EXPOSURE

Y N DK NA

- ☐ ☐ ☐ ☐ Travel out of the state, out of the country, or outside of usual routine
 Out of: ☐ County ☐ State ☐ Country
 Destinations/Dates: _____

Y N DK NA

- ☐ ☐ ☐ ☐ Animal exposure
 Type of animal exposure:
☐ Bite ☐ Saliva ☐ Scratch
☐ Bat in house ☐ Bat in sleeping area
☐ Other: _____ ☐ Unk
 Type of animal:
☐ Bat ☐ Cat ☐ Dog ☐ Ferret ☐ Raccoon
☐ Other: _____ ☐ Unk
 Animal status:
☐ Domestic ☐ Stray ☐ Wild
☐ Other: _____ ☐ Unk
 Animal description: _____
 Breed: _____
 Animal name: _____

Y N DK NA

- ☐ ☐ ☐ ☐ Injury or exposure circumstances known
 Date of exposure: ____/____/____
 Exposure location: _____
 Anatomic site of injury or wound (e.g. head, arm): _____
 Circumstances of animal exposure: _____

 Wound cleaned: ☐ Y ☐ N ☐ DK ☐ NA
 Animal exposure provoked: ☐ Y ☐ N ☐ DK ☐ NA

☐ No risk factors or exposures identified☐ Patient could not be interviewed

Most likely exposure/site: _____

Site name/address: _____

Where did exposure probably occur? ☐ In WA (County: _____) ☐ US but not WA ☐ Not in US ☐ Unk**PUBLIC HEALTH ISSUES**

Y N DK NA

- ☐ ☐ ☐ ☐ Animal available for observation or quarantine (cat, dog or ferret only)

PUBLIC HEALTH ACTIONS

- Animal disposition: ☐ Lost to follow-up ☐ Sent for testing
☐ Under observation
☐ Healthy after 10 day observation
☐ Other: _____

Quarantine site contact name: _____

Quarantine site address: _____

Quarantine site phone: _____

NOTES

Investigator _____ Phone/email: _____ Investigation complete date ____/____/____

Local health jurisdiction _____